

**CITY OF LINCOLN
COUNTY OF LANCASTER**

Vince M. Mejer, CPPO, C.P.M.
Purchasing Agent

(402) 441-7410 Fax: (402) 441-6513

QUOTATION REQUEST

Quote Prices F.O.B. Destination
Lincoln, Nebraska

Date - 9/03/04
Order No. - 1554 OQ
Date Due - 09/16/04

QUOTATIONS MUST BE RECEIVED IN
THE PURCHASING DIVISION OFFICE BY
THE DUE DATE SPECIFIED ABOVE

PLEASE MAKE NECESSARY VENDOR
INFORMATION CORRECTIONS ON THIS FORM:

VENDOR INFORMATION

Return Quotation Request To:

Purchasing Division
K-Street Complex
440 S 8th St Ste 200
Lincoln NE 68508
Kopplin, Tom - Quotes

Buyer

Item Number / Description	Quantity	UM	Unit Price	Total Price
4706040 HELMETS, RESCUE, & ACCESSORIES	20	EA		

Pacific model R3TK/2 " Kiwi" Rescue Helmet w/goggle mounts
shell & built-in flashing pod

4706040 HELMETS, RESCUE, & ACCESSORIES	20	EA		
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Option - Xtricator ESS Goggle

4706040 HELMETS, RESCUE, & ACCESSORIES	20	EA		
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Option - UK4AA Flashlight

Contract Extension Renewal is an option: Yes ☐ No ☐

TERM PRICE CLAUSE: BIDDER MUST STATE:

(a) Bid prices firm for the full contract period: _____; or

(b) Bid prices subject to escalation/de-escalation: _____.

(c) If (b), state period for which prices will remain firm
Through _____

COMPANY REPRESENTATIVE responsible for the administration

VENDOR MUST COMPLETE THE FOLLOWING

The undersigned represents and warrants that he/she has full and complete authority to submit this quotation and to enter into a contract upon acceptance by the City/County. The undersigned agrees to comply with all conditions above and on reverse side of this document.

COMPANY NAME _____

ADDRESS _____

TELEPHONE _____

EMPLOYER FEDERAL ID NO. OR

SOCIAL SECURITY NUMBER _____

BY (PRINT NAME) _____

SIGNATURE _____

TITLE _____

DATE _____

DELIVERY SCHEDULE _____

DAYS ARO

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Buyer

Item Number / Description of this Agreement:	Quantity	UM	Unit Price	Total Price
NAME: _____				
TITLE: _____				
PHONE NO. _____				

Please fax your quotation back to us by 4:30 p.m. on the
above referenced date. Fax to attention of Debbie Winkler
at 402/441-6513.

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COMPANY NAME _____
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BY (PRINT NAME) _____
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DAYS ARO